

**City of Elk Grove**  
**Development Services • Building Safety & Inspection**  
**8401 Laguna Palms Way • Elk Grove, California 95758**  
**Phone (916) 478-2235 Fax (916) 691-4757**  
 www.elkgrovecity.org



## REQUEST TO CANCEL PERMIT OR PLAN CHECK

APPLICANT INFORMATION	
Property Address:	Job No.:
Scope of Work:	Date of Request:
Contact Person:	Phone No:
Email Address:	

As the permit holder for the above project, cancellation of this permit or plan check is being requested. I acknowledge that issued permits are eligible for refund only if no inspections have been performed and the permit has not expired; plan checks are eligible for refund if the application is withdrawn prior to any plan check activity. All refunds are subject to a 20% administrative fee.

Please forward any applicable refund as follows:

Payable to: (Company Name or Owner Name if Owner/Builder) ***Name must match Contractor's Name as it appears on Permit***

Mailing Address (Street): \_\_\_\_\_

City:	State:	Zip Code:
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**REASON FOR CANCELLATION**

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Print Name of Requestor:	Signature of Requestor:
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**NOTE TO REQUESTOR:**

- Mail or hand-deliver to the following address:  
**City of Elk Grove**  
**Building Safety & Inspection**  
**8401 Laguna Palms Way**  
**Elk Grove, CA 95758**
- To submit online please send the completed for to [Bldonline@elkgrovecity.org](mailto:Bldonline@elkgrovecity.org)
- Allow between two to four weeks for a refund.

**INTERNAL OFFICE USE:**

Submitted to: _____	Refund Approved YES or NO
Account Number(s) _____	Refund Amount _____
_____	Refund Amount _____
_____	Refund Amount _____
_____	Refund Amount _____

**Approved by:** \_\_\_\_\_ **Total Refund Amount** \_\_\_\_\_